

Fee \$50.00

Paid Date: _____



City of Allegan
231 Trowbridge St.
Allegan, MI 49010
Ph. (269) 673-5511

City of Allegan Peddler/Solicitor Permit Application

1. Applicant Information

Contact Name: _____

Organization/Corporation: _____

Address: _____ City: _____ State: _____ Zip: _____

Ph.: _____ Email: _____

Social Security # or Employer Identification Number (if agent of corporation): _____

2. Non-Profit Organization Information (if applicable)

State or Federal I.D. Number: _____ Charitable Organization? Yes No

Purpose of Organization: _____

Proceeds for What Purpose? _____

3. Nature of Business

Address of Location to be Used: _____ Allegan, MI 49010

Items to be Offered for Sale: _____

Note: If food will be offered for sale, you must attach Michigan Health Department Certification to this form.

How will food be transported? (if applicable) _____

Days & Hours of Operation: (List each date you are requesting a license for separately below)

Date of Sale: _____ Time of Sale: _____ to _____

Date of Sale: _____ Time of Sale: _____ to _____

Date of Sale: _____ Time of Sale: _____ to _____

4. Solicitors Acting on Applicant's Behalf

Please list the names and phone numbers of all solicitors acting on applicant's behalf. Attach an additional page for extra space if necessary.

Name: _____ Ph.: _____
Name: _____ Ph.: _____
Name: _____ Ph.: _____
Name: _____ Ph.: _____

5. Signature

I hereby certify that the information given herein is true, and that I have never been convicted of a felony, misdemeanor, or violation of any local ordinance except _____, and that punishment therefore consisted of _____.

Signature: _____ Date: _____
Title if Signing for a Corporation: _____

6. Return this form and supporting materials to:

Allegan City Police Department
170 Monroe Street
Allegan, MI 49010
Ph. (269) 673-2115

Applicants must include the following supporting materials:

- Copy of Driver's License for Each Peddler/Solicitor
- Copy of Vehicle Registration for Each Vehicle to be Used

The applicant is responsible for obtaining all other local, state, and federal approvals related to this permit. This includes obtaining County Health Department, as well as USDA food permits.

For Office Use Only

Date Application Received: _____ Approved Denied
Chief of Police Signature: _____ Date: _____